

9

Oral Health

Goal

To improve the health and quality of life for individuals and communities by preventing and controlling oral disease and injuries, and to improve access to oral health care for all Kentuckians.

Overview

Oral disease is a major health problem for Kentuckians. Much of this problem can be prevented through primary prevention efforts, including community water fluoridation, the application of dental sealants and fluoride varnish, oral cancer screenings, and routine dental care as well as oral health education and health promotion.

In 1987, the Office of Oral Health conducted a statewide oral health survey (Kentucky Oral Health Survey - KOHS) consisting of an interview component and a clinical screening component. Findings from this survey were alarming.

Dental caries were a significant problem, with 26 percent of adult Kentuckians 18 to 64 years of age having untreated decay, compared to 6 percent on a national survey conducted by the National Institute of Dental Research in the same year. Additionally, KOHS found that 34 percent of Kentuckians had not visited a dentist within the past 12 months. This number became more disturbing when, nine years later, the 1996 Behavioral Risk Factor Surveillance System (BRFSS) reported that the measure had increased to 38 percent.

Children fared no better than adults with respect to oral health outcomes. In 1987, 30 percent of children aged 0-4 had caries. In the 5-9 age range, 58 percent of children had a decayed filled surface in a primary tooth (dfs) and 34 percent had a decayed filled surface in a permanent tooth (DFS). Twenty-eight percent of children aged 0-4 had untreated decay, while this number rose to 38 percent (dfs) and 27 percent (DFS) for the 5-9 aged children.

Kentucky adolescents proved to have even worse oral health. Eighty-four percent of 14-17 year olds had one or more caries (filled or unfilled), while 67 percent had untreated cavities in primary and permanent teeth.

This information was a catalyst for additional surveys specific to three populations: children, adults, and elders, to be implemented in the current decade. Details about these three surveys are provided, as is updated information about other projects undertaken by the Oral Health Program.

Summary of Progress

Ninety percent of Kentucky's 4.1 million residents receive optimally fluoridated water. The remaining 10 percent of Kentuckians have wells, cisterns, or springs as their source of water.

The KIDS SMILE Children's Oral Screening and Fluoride Varnish application program has increased the number of children (aged 0 to 5) who have received oral health screenings. The program has also provided over 27,000 topical applications of fluoride varnish. Additionally, Kentucky has begun a sealant program in partnership with local health departments to encourage front-line public health agencies and local dental professionals to work together to combat childhood decay in permanent molars.

The oral health status of adults has also improved since the inception of this document. Data from the BRFSS indicate that the proportion of edentulous Kentuckians decreased from 42.9 percent in 1996 to 38.1 percent in 2004. Additionally, the proportion of adults using the oral health care system increased from 62 percent in 1996 to nearly 70 percent in 2004. And the proportion of oral cancer lesions detected early (in situ and local), has improved from 47 percent in 2000 to 49 percent in 2003. While this is a modest increase, it does bring Kentucky closer to the 2010 goal of 57 percent.

To meet the needs for data acquisition and analysis in the area of oral health, two surveys have been completed during this period: the Kentucky Children's Oral Health Profiles 2001 (University of Kentucky College of Dentistry) and the Kentucky Adult Oral Health Survey 2002 (University of Louisville School of Dentistry). A third survey, the Elder Oral Health Survey, is currently near completion (University of Kentucky College of Dentistry) and results will be reported by the end of 2006.

To monitor the health status of children and adults throughout the state on a continuous basis, the Children's Oral Health Surveillance System (visual screening) and an adult surveillance program (using the BRFSS methodology) will be implemented in FY06.

Funding from the Health Resources and Services Administration and the Maternal and Child Health Bureau, has made possible the development of a statewide Oral Health Strategic Plan and a Dental Professional Workforce Study.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Oral Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
9.1. Reduce the proportion of children who have had one or more dental caries in the primary and permanent teeth (filled or unfilled).				N/A	COHSS
Children Ages 2-5	46.8% (2001)	≤15%	46.8% (2001)		
Children Ages 6 to 8	56.1%	≤40%	56.1%		
Children Age 12	56.1%	≤50%	56.1%		
Adolescents Age 15	No Data	≤55%	No Data		
9.2. Reduce the proportion of children with untreated cavities in the primary and permanent teeth (decayed teeth not filled).				N/A	COHSS
Children Ages 2 to 5	28.7% (2001)	≤12%	28.7% (2001)		
Children Ages 6 to 8	28.7%	≤22%	28.7%		
Children Age 12	28.7%	≤20%	28.7%		
Adolescents Age 15	No Data	≤15%	No Data		
9.3. (DELETED)					
9.4R. Reduce the proportion of Kentuckians 65+ who have lost all of their natural teeth (edentulous).	42.9% (1996)	≤20%	38.1% (2004)	Yes	BRFSS
9.5R. Increase the proportion of oral cancer lesions detected at Stage 0 and 1 (in situ and local).	47% (2000)	≥57%	49% (2003)	Yes	KCR
9.6. Increase the proportion of 8 year olds, 12 year olds and 15 year olds who have received protective sealants in permanent molar teeth.	29.1% of Kentucky 3rd & 6th graders have dental sealants. (2001)	≥50%	29.1% of Kentucky 3rd & 6th graders have dental sealants. (2001)	N/A	COHSS

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Oral Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
9.7. Increase proportion of the population served by community water systems with optimally fluoridated water.	90% of Kentucky's population received optimally fluoridated water in 1996.	≥95%	90% (2004)	No	Fluoridation Database
9.8. (Developmental) Increase to at least 70 percent the proportion of children ages 6, 7, 12, and 15 who have participated in an oral health screening, including those who have been referred, and those who have received the appropriate follow-up.	TBD	≥70% of children Ages 6, 7, 12, and 15	TBD	TBD	COHSS
9.9. Increase the proportion of adults aged 18 and older using the oral health care system (those who have used the system each year)	62% of Kentuckians visited a dentist or dental clinic within the past 12 months. (1996)	≥70%	69.8% (2004)	Yes	BRFSS
9.10. (DELETED)					
9.11. (Developmental) Increase the proportion of local health departments that have an oral health education component focusing on adults and children from infancy through 5 years of age.	25% (1997)	100%	90% (2005)	Yes	Local Health Dept. Survey
9.12. (Developmental) Design, implement and fund on-going oral health surveillance systems to include components to measure youth, adult, and elder oral health.	No systems in 2000	Surveillance systems in place	Children, adult, and elder oral health surveys completed	Yes	COHSS; Adult Oral Health Survey
9.13R. Increase the proportion of long term care residents who use the oral health care system each year.	28.3% (2005)	≥50%	28.3% (2005)	N/A	Elder Oral Health Survey.
9.14. Insure that Kentucky has a viable system for recording and referring all infants and children up to age 5 with cleft lip, cleft palate and other craniofacial anomalies to craniofacial anomaly rehabilitative teams.	KBSR system in place	Referral system in operation	KBSR system in place	Yes	KBSR

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

TBD = To be determined. No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Oral Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
9.15. (Developmental) Increase the proportion of children ages 2 through 5 who have received at least one annual fluoride varnish application and oral health screening, including adequate referral and follow-up as needed.				N/A	KIDS SMILE Database
Age 2	11% (2005)	≥50%	11% (2005)		
Age 3	9%	≥50%	9%		
Age 4	11%	≥50%	11%		
Age 5	7%	≥50%	7%		

N/A = Only baseline data are available. Not able to determine progress at this time.